

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> <small>Town</small>		<i>Howard</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>Oct</i> <small>Month</small>	<i>22</i> <small>Day</small>	Age <i>53</i> <small>Years</small>	<i>no</i> <small>Months</small>	<i>no</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>House Keeper</i>			Where Residing if not at place of death <i>Ellicott City</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Reason Barry</i>	Father's Birthplace <i>Maryland</i>		Mother's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Maria Trenton</i>	How related to deceased <i>Sister</i>				
Name of person giving information <i>Mary J. Teelmyer</i>					

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary <i>Brain Trouble</i>	How long <i>3 years</i>
Immediate <i>1. Cataplexy</i>	How long <i>3 yrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos B. Dwyer</i>
	Address <i>Ellicott City</i>
Accident or Suicide?	



256

Name
in
Full

Robert S Davis

✓
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

Died at *Jonestown* Town *Howard* County

Date of death *1909* Month *Oct* Day *8* Age *58* Years Months *no* Days *no*

Sex *Male* Color or Race *White* Birth-place *Maryland*

Occupation *Gardner* Where Residing if not at place of death *Jonestown*

Married, Single or Widowed *Married* Name of Wife or Husband *Isabelle Davis*

Father's Name *Edward Davis* Father's Birthplace *Maryland*

Mother's Maiden Name *don't know* Mother's Birthplace *don't know*

Name of person giving information *Jesse Davis* How related to deceased *son*

CAUSES OF DEATH

27 ✓

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* How long *1 yr*

Immediate *Cardiac Asthma & General Asthma* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Frank O Miller M.D.*

Address *Ellicott City Md*

Accident or Suicide? *No*



III

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

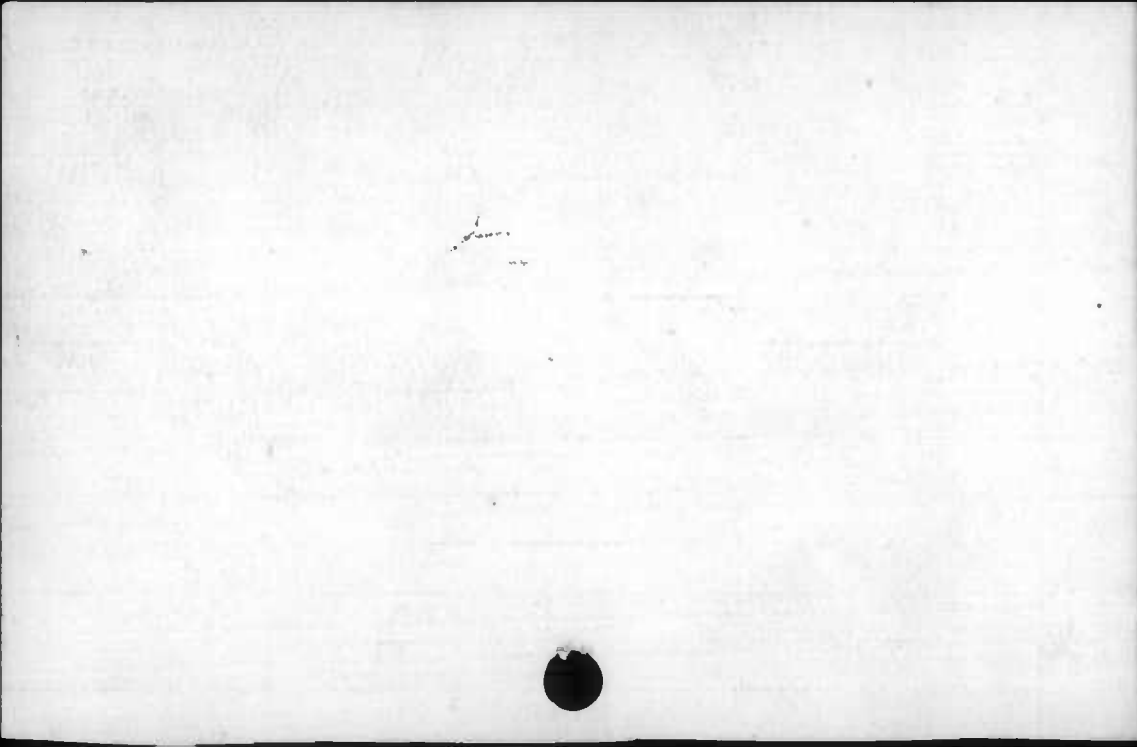
Died at <i>West Friendship</i> ^{Town}			<i>Howard</i> ^{County}		MARYLAND	
Date of death	<i>1909</i>	Month <i>Oct</i>	Day <i>9th</i>	Age <i>64</i> Years	Months <i>11</i>	Days <i>7</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Ellicott City Md</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>at his home</i>					
Married, Single or Widowed	Name of Wife or Husband <i>Mary E. Boyer</i>					
Father's Name <i>Robert E. Enos</i>	Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Sarah Lovel</i>	Mother's Birthplace <i>not known</i>					
Name of person giving information <i>Robert Enos</i>	How related to deceased <i>Son</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Chronic nephritis</i>	How long <i>about 1 yr</i>
Immediate <i>General prostration & systemic toxemia</i>	How long <i>about 2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Bey. F. Shipley, M.D.</i>
	Address <i>Alpha Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Charles A Fox Sr

Town

County

MARYLAND

Died at Near Laurel

Howard

Date

of death

1909 1st 10 June 24 Oct

Age

76

Sex

Male

Color or
Race

White

Birth-
place

Beltsville

Occupation

Post-Master

Where Residing if not
at place of death

Beltsville

Married, Single
or Widowed

Single

Name of Wife or
Huband

—

Father's
Name

Chas. A. Fox

Father's
Birthplace

Tingonia

Mother's
Maiden Name

Arnie Whalen

Mother's
Birthplace

Beltsville

Name of person giving
Information

Todd Fox

How related
to deceased

Brother

CAUSES OF DEATH

170

✓

PHYSICIAN
OR CORONER

Primary

While temporary residence transferred and
died of exposure

Immediate

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

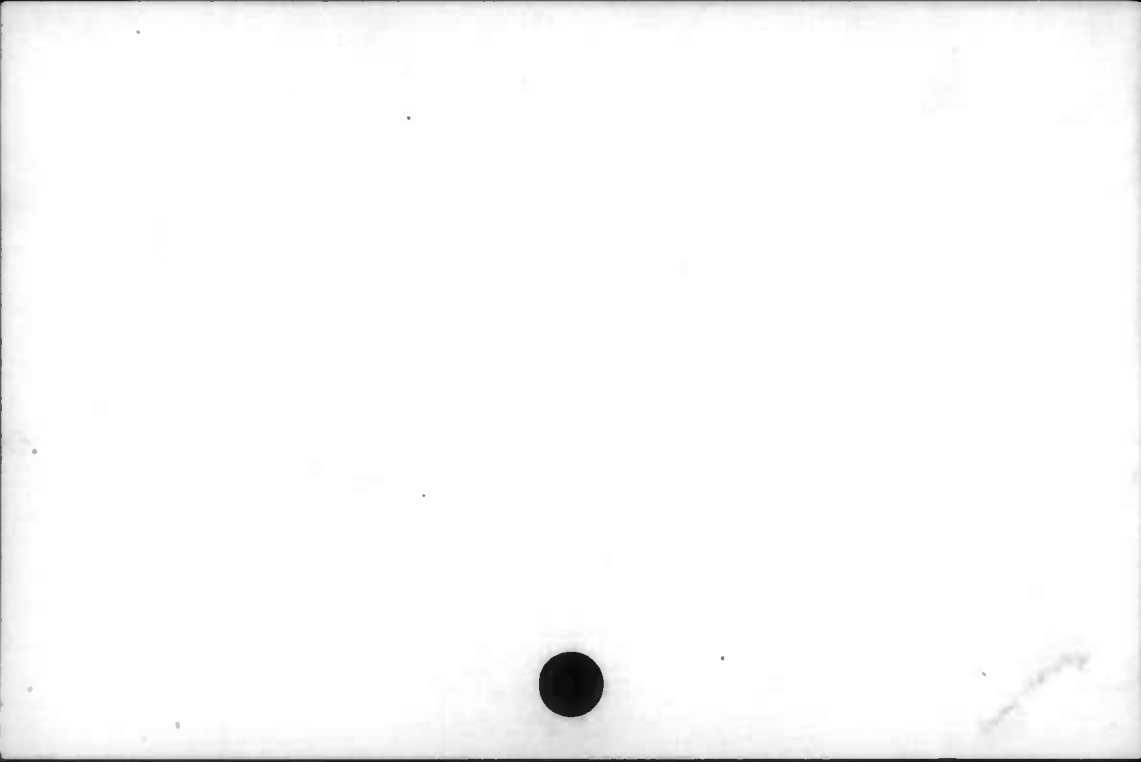
Address

Augustus P. Webb J.P.

Acting Coroner

High Ridge Howard Co Md

Accident or Suicide



Name
in
Full

Henrietta Berry Gaither

CERTIFICATE OF DEATH

Died at ^{Town} Stockwood^{County} Howard

MARYLAND

Date of death 1909 ^{Month} October ^{Day} 31 ^{Years} Age 39^{Months} ^{Days} 1

Sex Female

Color or Race White

Birth-place Prince George's Co Md

Occupation

Wife

Where Residing if not at place of death

Married, Single or Widowed

Married

Name of Wife or Husband

Chas. D. Gaither

Father's Name

Alfred M. Berry

Father's Birthplace

Prince Georges Co Md

Mother's Maiden Name

Annie Sutton

Mother's Birthplace

St Marys Co Md

Name of person giving Information

Chas. D. Gaither

How related to deceased

Husband

CAUSES OF DEATH

Primary

Cold + Bronchitis

How long

3 wks.

Immediate

Pneumonia

How long

10 days.

Are the name, age, sex, color, data and place correctly given above?

Yes.

Signature of Physician

A. F. Robinson

Address

837 N. Eutaw St.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Henry W. Jenkins and Son &

Funeral Directors

November 3rd/09

Marlboro Ind

Name
in
Full

Ethel E. Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Ellicott City* Town *Howard* County **MARYLAND**

Date of death 1909 *Oct* Month *3* Day Age *2* Years Months *6* Days *0*

Sex *Female* Color or Race *Colored* Birth-place *Maryland*

Occupation *None* Where Residing if not at place of death *Ellicott City*

Married, Single or Widowed *single* Name of Wife or Husband *None*

Father's Name *William Adams* Father's Birthplace *Maryland*

Mother's Maiden Name *Sallie H. Harris* Mother's Birthplace *Maryland*

Name of person giving Information *Sallie H. Harris* How related to deceased *Mother*

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Fell from chair, injuring its back

Primary *Traumatic Spinal Meningitis* How long *3 Months*

Immediate *Convulsions* How long *About 20 Hours*

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Wm. B. Gambrell

Ellicott City, Md.

Accident or Suicide

Name
in
Full

Unnamed Child Holland

CERTIFICATE OF DEATH

Died at

Clarksville

County

Howard

MARYLAND

Date

of death

1909

Month

Oct

Day

6

Age

Years

None

Months

None

Days

1

Sex

Male

Color or
Race

Black

Birth-
place

Ind

Occupation

None

Where Residing if not
at place of death

Clarksville

Married, Single
or Widowed

Single

Name of Wife or
Husband

None

Father's
Name

Augustus Holland

Father's
Birthplace

Ind

Mother's
Maiden Name

Julia Anderson

Mother's
Birthplace

Ind

Name of person giving
Information

S. A. Nichols

How related
to deceased

Physician

CAUSES OF DEATH

Primary

Immature Birth

How long

Immediate

Immature Birth

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

S. A. Nichols
Dayton Ind

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Henry Keys.
Town *Ellicott City*

County

Howard

MARYLAND

Date

of death 1909 Oct.

Month

Day

24

Age

Years

33

Months

Days

Sex

*Male*Color or
Race*(Col)*Birth-
place*Washington D.C.*

Occupation

*Waiter*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Ida Keys.*Father's
Name*Abram Keys.*Father's
Birthplace*Washington D.C.*Mother's
Maiden Name*Rebecca Boweyer*Mother's
Birthplace*Washington D.C.*Name of person giving
Information*Ida Keys.*How related
to deceased*Wife*

CAUSES OF DEATH

Primary

Aneurism Splenic Artery

How long

6 or 8 months (?)

Immediate

Hemorrhage

How long

*Suddenly*Are the name, age, sex, color, date
and place correctly given above?*Yes.*Signature of
Physician*W. P. Shawbill*

Address

Ellicott City, Md.~~Accident or Suicide~~PHYSICIAN
OR CORNER



Name
in
Full

Elizabeth-Laura

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Savage* Town *Howard* County

Date of death *1909* Month *10* Day *14* Age *66* Years Months Days

Sex *Female* Color or Race *White* Birth-place *Virginia*

Occupation *Housewife* Where Residing if not at place of death *Savage*

Married, Single or Widowed *Widow* Name of Wife or Husband *Gideon Laura*

Father's Name *Joseph Foley* Father's Birthplace *Va*

Mother's Maiden Name *Agnie Sage* Mother's Birthplace *Va*

Name of person giving information *Joseph W. Laura* How related to deceased *Son*

CAUSES OF DEATH

(43)

PHYSICIAN
OR CORONER

Primary *Sarcoma of breast* How long *2 years*

Immediate *Sarcoma* How long

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

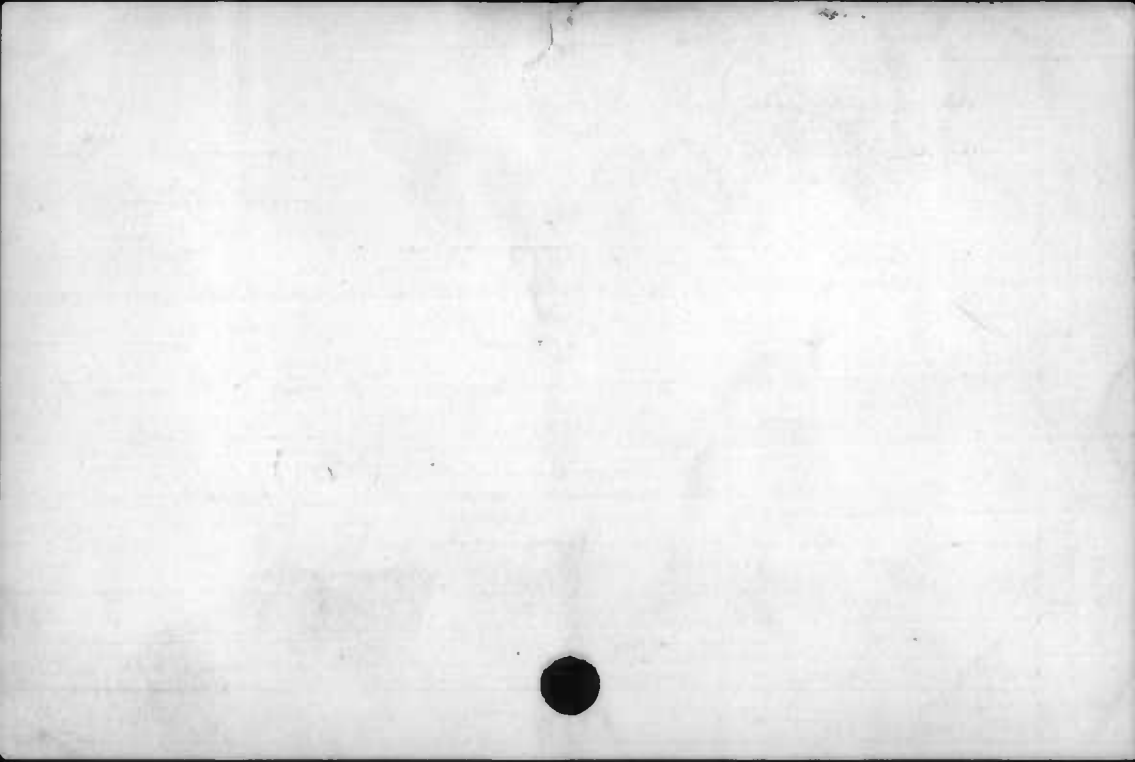
Address

Hamlet Harris M.D.

Elk Ridge

MD

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Henry McCrossin*

Died at *Highland* ^{Town} *Howard* ^{County} **MARYLAND**

Date of death *1909* ^{Month} *October* ^{Day} *4* Age ^{Years} *73* ^{Months} *6* ^{Days}

Sex *Male* Color or Race *white* Birth-place *Md.*

Occupation *Farmer* Where Residing if not at place of death *at home*

Married, Single or Widowed *Widower* Name of Wife or Husband *Kate E. McCrossin*

Father's Name *Bernard McCrossin* Father's Birthplace *Md.*

Mother's Maiden Name *Annie Knox* Mother's Birthplace *Md.*

Name of person giving Information *Addie Bashell* How related to deceased *daughters*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Disseminated Sclerosis* ^{How long} *5 years*

Immediate *Asthenia* ^{How long} *Progressive*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *N. W. L. Crill*

Address *Highland, Md.*

Accident or Suicide



Name
in
Full~~The Name~~ Lily Irene Pickett

CERTIFICATE OF DEATH

MARYLAND

Died at Poplar Springs

Town

Howard

County

Date of death 1909 October 14

Month

Day

Age

Years

Months

Days

14 hr.

Sex Female

Color or
Race

White

Birth-
place

Poplar Springs

Occupation

None

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

None

Father's
Name

Harry Cleveland Pickett

Father's
Birthplace

Howard Co

Mother's
Maiden Name

Elva Margaret Kelley

Mother's
Birthplace

Frederick Co

Name of person giving
In formation

Mrs. Geo. Malesworth

How related
to deceased

Aunt.

CAUSES OF DEATH

151

Primary

How long

Immediate

Premature Birth

How long

15 minutes

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

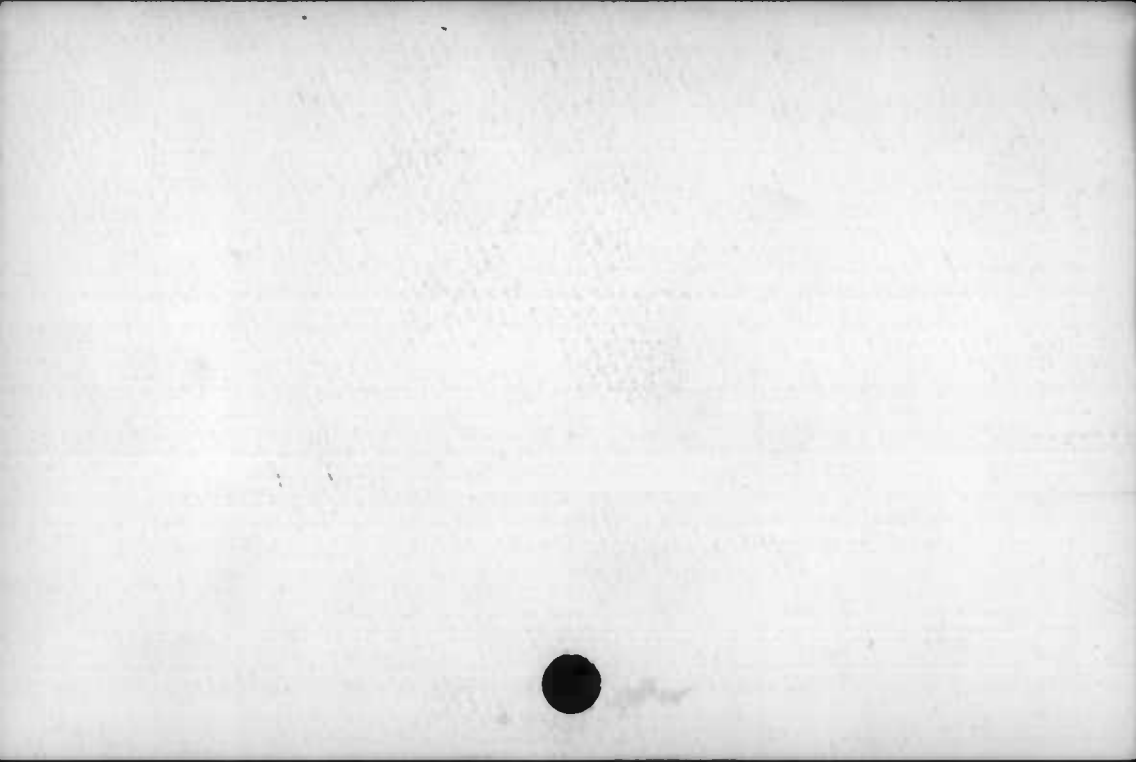
J. Albert Rice,

Mt. Airy,

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jessie R Redmond Town *Alpha* County *Howard* MARYLAND

Died at *Alpha* Date of death *1909 Oct 29* Age *6 14* Sex *male* Color or Race *white* Birth-place *Ind*

Occupation *none* Where Residing if not at place of death *same*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *James F Redmond* Father's Birthplace *Ind*

Mother's Maiden Name *Ella M Strober* Mother's Birthplace *Ind*

Name of person giving Information *Ella M Strober* How related to deceased *mother*

CAUSES OF DEATH

179

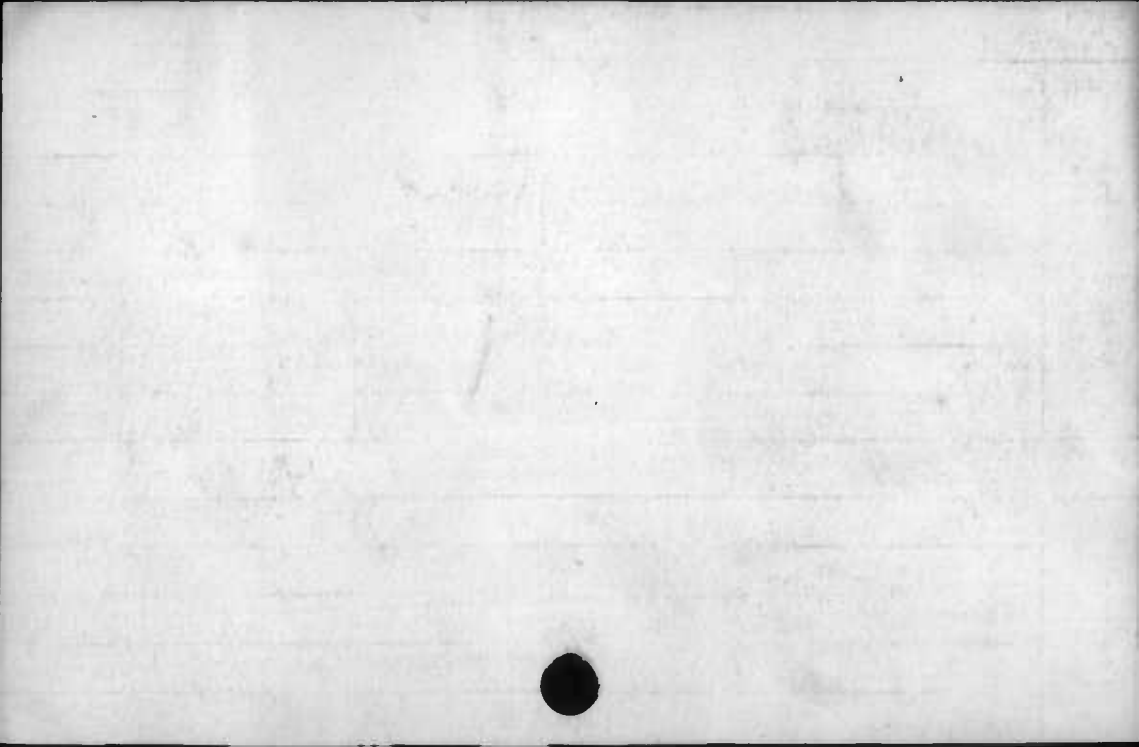
PHYSICIAN
OR CORONER

Primary *Marasmus* How long *6 months*

Immediate *Exhaustion* How long *few weeks*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *A J Strober* Address *Bramble*

Accident or Suicide? *no*



Name
in
Full

Julia Reendles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

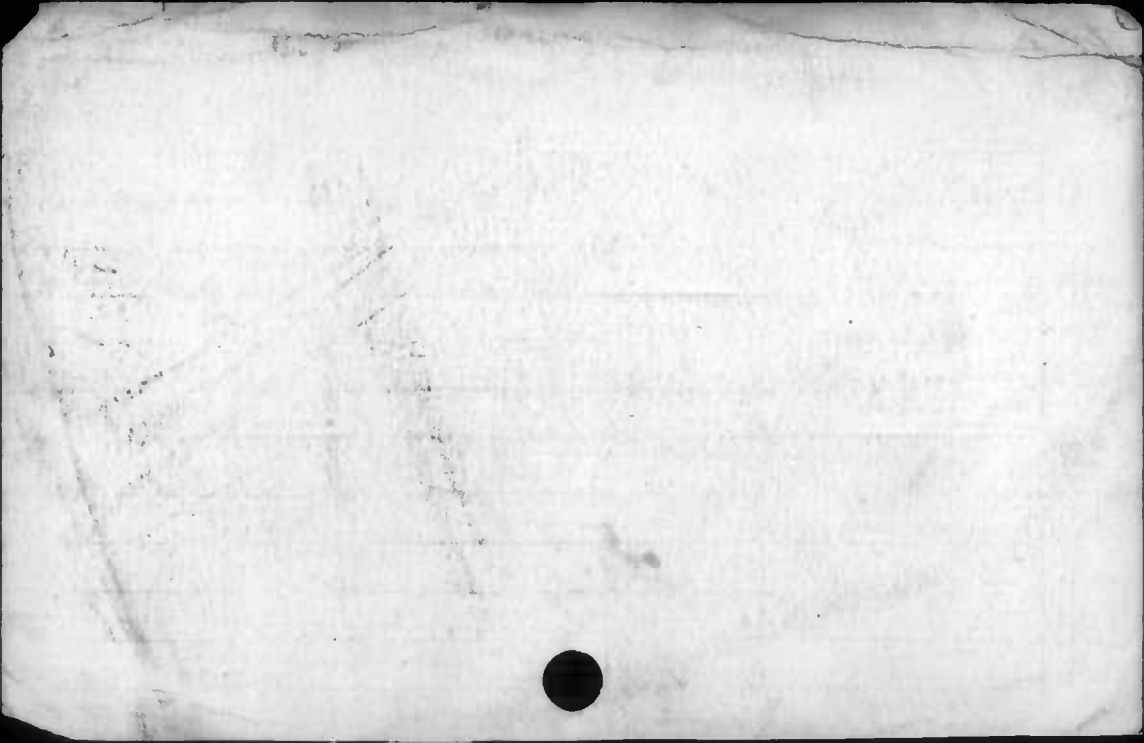
Died at <i>Henrytown</i>		County <i>Howard</i>		MARYLAND		
Date of death	<i>1909</i>	Month <i>Oct</i>	Day <i>10th</i>	Years <i>about 70</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>female</i>	Color or Race <i>colored</i>		Birthplace <i>Virginia</i>			
Occupation <i>Home Keeping</i>			Where Residing if not at place of death <i>at her home</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>Robert Reendles</i>				
Father's Name <i>not known</i>			Father's Birthplace <i>not known</i>			
Mother's Maiden Name <i>not known</i>			Mother's Birthplace <i>not known</i>			
Name of person giving information <i>Nathaniel Fender</i>			How related to deceased <i>not related</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	<i>chronic nephritis & hepatitis</i>	How long	<i>about 2 yrs</i>
Immediate	<i>uraemia & systemic lyaemia</i>	How long	<i>about 1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Bert F. Shipley M.D.</i>	
		Address <i>Alpha Md.</i>	
<i>Accident or Suicide?</i>			



Name
in Full

Frank Round

CERTIFICATE OF DEATH

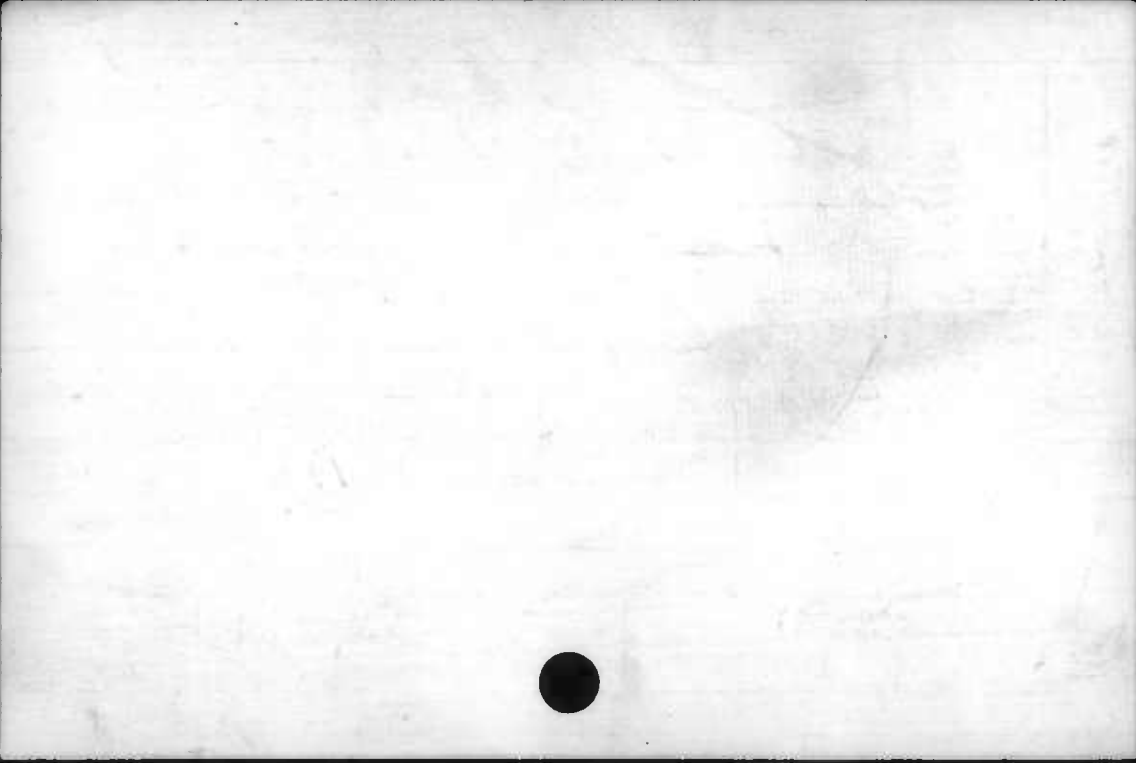
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elkridge</i> ^{Town}		<i>Harrison</i> ^{County}		MARYLAND	
Date of death 190 ^{Year} <i>9</i> ^{Month} <i>Oct</i> ^{Day} <i>27</i> ^{Age} <i>47</i>				^{Months} <i></i> ^{Days} <i></i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>England</i>			
Occupation <i>Plumber</i>	Where Residing if not at place of death <i>Elkridge Md</i>				
Married, Single or Widowed <i></i>	Name of Wife or Husband <i>Ann Round</i>				
Father's Name <i>Richard Round</i>	Father's Birthplace <i>England</i>				
Mother's Maiden Name <i>Elena Round</i>	Mother's Birthplace <i></i>				
Name of person giving Information <i>Ann Round</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>6 weeks</i>
Immediate <i>same</i>	How long <i>same</i>
Are the name, age, sex, color, data and place correctly given above? <i>yes</i>	Signature of Physician <i>Arthur Williams</i>
	Address <i>Elk Ridge</i>
Accident or Suicida <i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary C. Shildy

Town

County

Died at Albherton

Howard

MARYLAND

Date

of death

1909

Month

Oct

Day

9

Years

Age 1

Months

9

Days

2

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Occupation

none

Where Residing if not
at place of death

Alberton

Married, Single
or Widowed

Single

Name of Wife or
Husband

none

Father's
Name

Milton C. Shildy

Father's
Birthplace

Pa

Mother's
Maiden Name

Elizabeth H. Bailey

Mother's
Birthplace

Maryland

Name of person giving
Information

Milton C. Shildy

How related
to deceased

Father

CAUSES OF DEATH

Primary

Tonsillitis

How long

4 days

Immediate

Asphyxia

How long

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

Address

Fred Archer, M.D.

Alberton
Howard Co. Md.

Accident or Suicide

PHYSICIAN
OR CORONER



822

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *St James* Town *Slacks* County *Howard* MARYLAND
Date of death 1909 *Oct* Month *18* Day Age *12* Years *hours* Months Days
Sex *male* Color or Race *white* Birth-place *Howard Co*
Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed _____ Name of Wife or Husband _____
Father's Name *Benj Hess Slacks* Father's Birthplace *Howard Co*
Mother's Maiden Name *Lydia H. Verney* Mother's Birthplace *Howard Co*
Name of person giving Information *Lydia H. Verney* How related to deceased *Mother*

Accident at birth

CAUSES OF DEATH

176

Primary *Probably Meningeal injury from birth* How long *from birth*
Immediate *Convulsions* How long _____

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

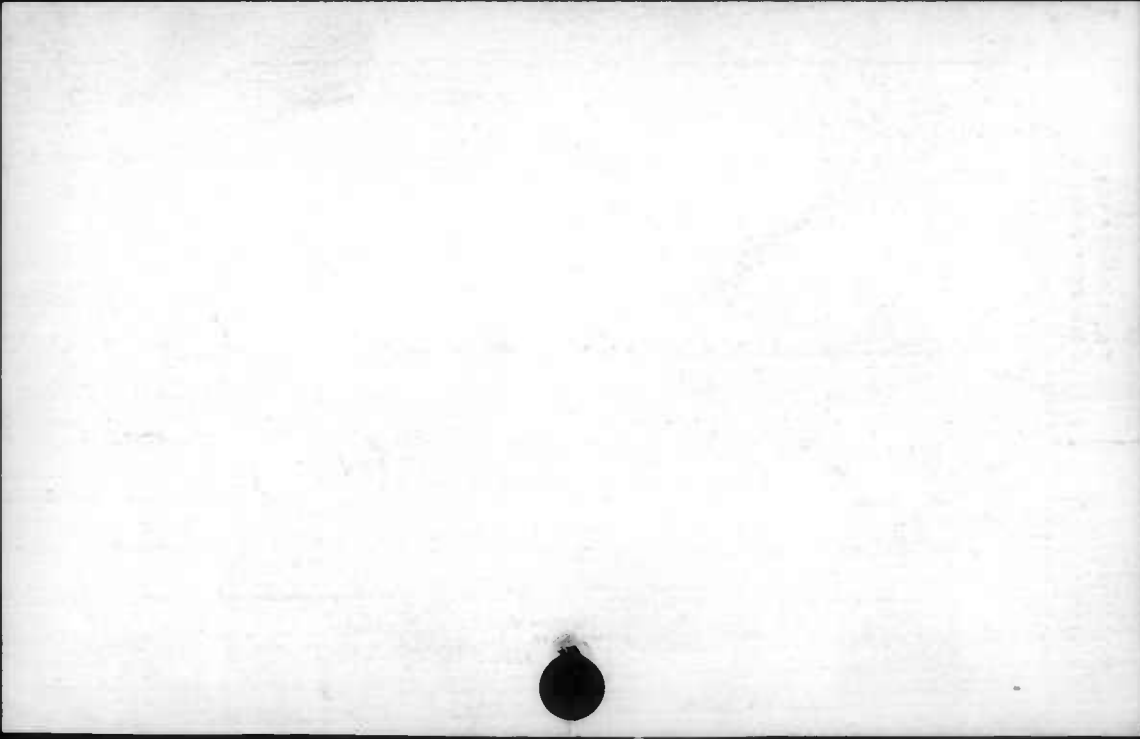
Address

Daniel B. Smecher
Lytleville
MD

PHYSICIAN
OR CORONER

Accident or Suicide

Accident



Name
in
Full

~~10~~
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Sarah Thomas*
Died at *West Friendship* *Howard* County *MARYLAND*
Date of death *1909* *Oct-* *30* Age *—* Years *—* Months *—* Days *—*
Sex *Female* Color or Race *Black* Birth-place *Howard Co*
Occupation *—* Where Residing if not at place of death *—*

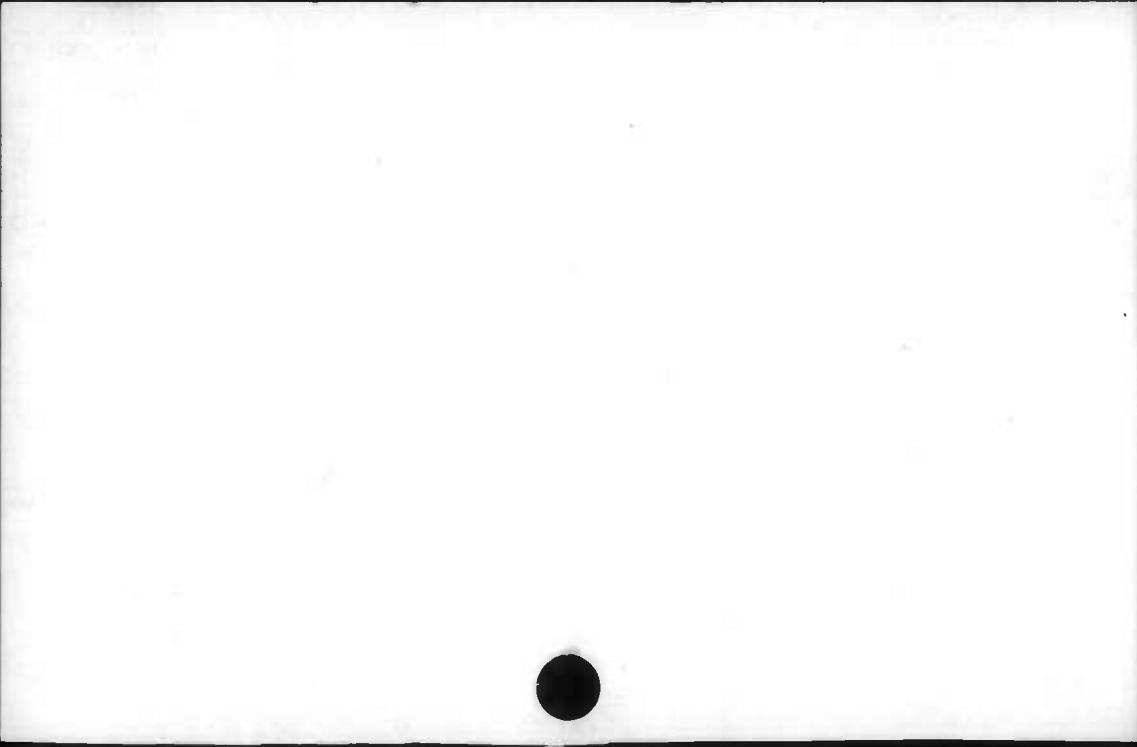
Married, Single or Widowed *—* Name of Wife or Husband *—*
Father's Name *Solomon Thomas* Father's Birthplace *Howard Co*
Mother's Maiden Name *Margaret Grooms* Mother's Birthplace *Howard Co*
Name of person giving Information *Solomon Thomas* How related to deceased *Father*

CAUSES OF DEATH

Primary *Still Birth* *8* How long *—* *✓*
Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Dr. W. H. J.*
Address *West Friendship*
Accident or Suicide *—* *Howard Co*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Sill born child of Edward Tillman
 Died at ^{Town} *Bellicott City* ^{County} *Howard* **MARYLAND**
 Date of death 190 ^{Month} *9* ^{Day} *Oct* ^{Age} *30* ^{Years} *—* ^{Months} *—* ^{Days} *—*
 Sex *Female* Color or Race *White* Birth-place *Maryland*
 Occupation *none* Where Residing if not at place of death *—*
 Married, Single or Widowed *Single* Name of Wife or Husband *none*
 Father's Name *Edward Tillman* Father's Birthplace *Maryland*
 Mother's Maiden Name *Bertha E. Lingenfelter* Mother's Birthplace *Maryland*
 Name of person giving Information *Janie E. Lingenfelter* How related to deceased *Grand Mother*

CAUSES OF DEATH

Primary *Still born* 8 How long *—*

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

M. C. D. Forner
Bellicott City
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



206

Name in Full *William Ezra Van Order*

CERTIFICATE OF DEATH

✓
MARYLAND

Diad at *Ellicott City* Town *Howard* County
 Date of death *1909 Oct 1* Month *1* Day *40* Age *8* Months *22* Days
 Sex *Male* Color or Race *White* Birth-place *New Jersey*
 Occupation *Cloth inspector* Where Residing if not at place of death *_____*
 Merriad, Single or Widowed *Single* Name of Wife or Husband *_____*
 Father's Name *Wm. H. Van Order* Father's Birthplace *Baltimore, Md*
 Mother's Maiden Name *Mary Taylor* Mother's Birthplace *Annapolis, Md*
 Name of person giving Information *A. G. Van Order* How related to deceased *Uncle*

CAUSES OF DEATH

27 ✓

Primary *Pulmonary Tuberculosis* How long *5 Months*
 Immediate *Hemorrhage; Asthenia* How long *3 to 4 Months*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Wm. B. Brambrill*
 Address *Ellicott City, Md*
 Accident or Suicide



SLC

Name
in
Full

Catherine Purnell Wesley

CERTIFICATE OF DEATH

Died ^{Town} Near Eek Ridge ^{County} Howard MARYLAND
Date of death 1909 Oct. 26 Age 68 Months 7 Days 27
Sex Female Color or Race Colored Birth-place Howard Co.

Occupation None Where Residing if not at place of death Eek Ridge

Married, Single or Widowed Name of ~~Wife~~ Husband John Henry Wesley

Father's Name Elijah Brown Father's Birthplace Baltimore

Mother's Maiden Name Priscilla Mother's Birthplace Baltimore

Name of person giving Information Emma Jane Wesley How related to deceased Daughter

CAUSES OF DEATH

154

Primary Age How long
Immediate Debility How long 3 weeks

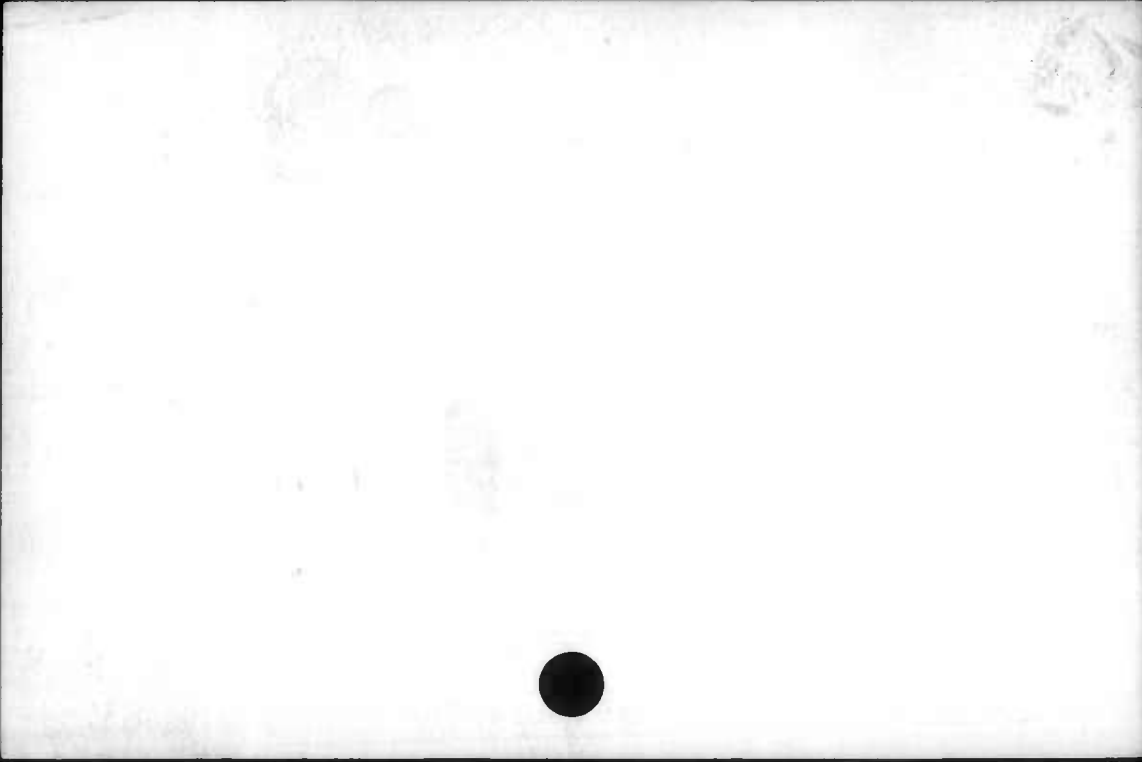
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. R. Eareckson
Address Eek Ridge, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Mary E Wood

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ellicott City</i> <small>Town</small>		<i>Haward</i> <small>County</small>		MARYLAND	
Date of death <i>1909</i>	<i>Oct</i> <small>Month</small>	<i>12</i> <small>Day</small>	Age <i>0'6</i>	<i>no</i> <small>Months</small>	<i>no</i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Va</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death <i>Ellicott City</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Peter Wood</i>				
Father's Name <i>John Payne</i>	Father's Birthplace <i>Va</i>			Mother's Birthplace <i>Va</i>	
Mother's Maiden Name <i>Nancy Payne</i>	Name of person giving information <i>Peter Wood</i>			How related to deceased <i>Husband</i>	

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary <i>Cancer of Pylorus</i>	How long <i>6 Months (?)</i>
Immediate <i>Asthenia</i>	How long <i>4 Months (?)</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm. B. Sambrill</i>
	Address <i>Ellicott City, Md.</i>
Accident or Suicide?	

666